

CAP MR/DD Service Definition

Title: Long Term Vocational Supports

Service Definition:

Long Term Vocational Supports provide assistance with maintaining a job for participants who no longer need the intense level of Supported Employment Services. Long Term Vocation Supports provides periodic supports to the individual who, because of medical or behavioral needs, may require supports regarding the social or environmental issues that are a part of successful employment.

Documentation will be maintained in the file of each provider agency specifying that this service is not otherwise available under a program funded under section 110 of the Rehabilitation Act of 1973, or Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) for this participant

Service Limitation:

FFP can not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- Payments that are passed through to users of supported employment programs; or
- Payments for training that are not directly related to a participant's supported employment program.
- This service is not available at the same time of day as Day Supports, Home and Community Supports, Respite or one of the State Plan Medicaid services that works directly with the participant.

Staff Qualifications:

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
- Staff must have a high school diploma or GED
- Staff must meet client specific competencies as identified by the participant's person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
- Must have a criminal record check
- A healthcare registry check as required in accordance with 10A NCAC 27G.0200

- If providing transportation, have a North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance.

Documentation:

Supported Employment will be documented by the use of a grid. A grid is a form that is designed to identify the goal(s) being addressed and contains an accompanying key which specifies the intervention/activity provided. The grid also reflects the assessment of consumer's progress toward goal(s) during that episode of care.

A grid shall include:

- the full date the service was provided (month/day/year);
- the goals that are being addressed;
- a number or letter as specified in the key which reflects the intervention/activity;
- a number or letter as specified in the key which reflects the assessment of the consumer's progress toward goals;
- duration, when required; and
- initials of the individual providing the service. The initials shall correspond to a signature on the signature log section of the grid.

The grid shall provide space where additional information may be documented as needed.

Provider Qualifications:

Supported Employment must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.